

Report on the

# **Board of Respiratory Therapy**

Montgomery, Alabama



## **Department of Examiners of Public Accounts**

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July 27, 2011

Senator Dick Bussman  
Chairman, Sunset Committee  
Alabama State House  
Montgomery, AL 36130

Dear Senator Bussman,

This report was prepared to provide information for use by the Sunset Committee in conducting its review and evaluation of the operations of the **Board of Respiratory Therapy** in accordance with the *Code of Alabama 1975*, Section 41-20-9.

The report contains unaudited information obtained from the management, staff, and records of the **Board of Respiratory Therapy**, in addition to information obtained from other sources.

Please contact me if you have any questions concerning this report.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald L. Jones", written in a cursive style.

Ronald L. Jones  
Chief Examiner

Examiner  
Julie J. Garner



## CONTENTS

PROFILE .....	1
Purpose/Authority .....	1
Characteristics .....	1
Operations .....	2
Financial .....	5
SIGNIFICANT ISSUES .....	5
STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES .....	5
ORGANIZATION .....	5
PERSONNEL .....	6
PERFORMANCE CHARACTERISTICS .....	6
COMPLAINT HANDLING .....	7
REGULATION IN CONJUNCTION WITH OTHER ENTITIES .....	9
SMART GOVERNING .....	9
FINANCIAL INFORMATION .....	11
Schedule of Fees .....	11
Schedule of Receipts, Disbursements, and Balances .....	12
Operating Receipts vs. Operating Disbursements (Chart) .....	13
QUESTIONNAIRES .....	14
Board Members .....	14
Licensed Respiratory Therapist .....	16
Complainants .....	20
APPENDICES .....	22
SMART Performance Reports .....	22
Statutory Authority .....	23
Board Members .....	32

# **PROFILE**

## **Purpose/Authority**

The Board of Respiratory Therapy was created by Act 518, *Acts of Alabama 2004* effective May 17, 2004. The purpose of the board is to provide and enforce standards for licensure and regulation of people who serve, act, and practice as respiratory therapists. The board operates under the authority of the *Code of Alabama 1975*, Sections 34-27B-1 through 34-27B-14. Respiratory therapists licensed by the board provide services under the direction of a medical doctor.

<b><u>Characteristics</u></b>	
<b>Members and Selection</b>	Five (5) members appointed by the governor, consisting of: Three (3) members, each selected from a list of two nominees of the Alabama Society for Respiratory Care, One (1) member selected from a list of two nominees of the Alabama Hospital Association, One (1) member selected from a list of two nominees of the Medical Association of Alabama  <i>Code of Alabama 1975, Section 34-27B-5(a)</i>
<b>Term</b>	4 year staggered terms Not more than three consecutive full terms.  <i>Code of Alabama 1975, Section 34-27B-5(e)</i>
<b>Qualifications</b>	The three (3) members selected from nominees of the Alabama Society for Respiratory Care must be respiratory therapists registered or certified by the National Board for Respiratory Care or its successor organization.  The member (1) selected from nominees of the Alabama Hospital Association must be the chief executive officer of a hospital.  The member (1) selected from nominees of the Medical Association of Alabama must be licensed to practice medicine in Alabama and a member of at least one of the following: The American Thoracic Society, the American College of Chest Physicians, the American Society of Anesthesiologists, or the American Academy of Pediatrics.  <i>Code of Alabama 1975, Section 34-27B-5(a)</i>

<b>Racial Representation</b>	No statutory requirement 1 black member currently serving.
<b>Geographical Representation</b>	No statutory requirement
<b>Consumer Representation</b>	No statutory requirement
<b>Other Representation</b>	The composition of the board shall reflect the racial, gender, geographic, urban/rural, and economic diversity of the state  <i>Code of Alabama 1975, Section 34-27B-5(b)</i>
<b>Compensation</b>	Board members receive no compensation; however, members receive travel allowances and reimbursement for travel or other expenses incurred in attendance to the business of the board. Travel expenses and allowances are paid in the same amount as paid to state employees.  <i>Code of Alabama 1975, Section 34-27B-5(g)</i>
<b><u>Operations</u></b>	
<b>Administrator</b>	Leadership Alliance, L.L.C. Represented by Paula McCaleb, Executive Director  The board contracts with Leadership Alliance, L.L.C., a private management firm, for facilities, administrative, management, and logistical support.  Current Contract Amount - \$82,372.44 annually.
<b>Location</b>	2011 Berry Chase Place Montgomery, AL 36117 Office Hours: Monday – Friday 8:30 – 4:30

<b>Examinations</b>	<p>Applicants for licensure must pass a national computerized examination developed by the National Board of Respiratory Care (NBRC). According to the NBRC website,</p> <p>The Entry-Level CRT Examination is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists. The examination consists of 160 multiple-choice questions distributed among three major content areas: clinical data, equipment, and therapeutic procedures.</p> <p>The exam is administered daily by Applied Measurement Professionals, Inc. at H &amp; R Block testing centers in Athens, Birmingham (2), Huntsville, Mobile and Montgomery.</p> <p>Examination fees are paid by the applicant directly to NBRC.</p> <p>Exam pass/fail statistics for applicants were not available.</p> <p><b><i>Code of Alabama 1975, Section 34-27B-3(c)</i></b> Source: Agency personnel and NBRC website.</p>
<b>Licensees</b>	<p>2,644 Licensed Respiratory Therapists  <u>4</u> Temporary Licenses  2,648 Total Licensees</p> <p>As of April 12, 2011  Source: Agency personnel and board website.</p>
<b>Reciprocity</b>	<p>The board's enabling legislation allows reciprocal agreements with any state, the District of Columbia, or a territory of the United States, whose requirements for licensure are considered by the board as substantially similar to those of Alabama and who otherwise meets the reciprocity requirements established by the board. There are no formal reciprocity agreements.</p> <p><b><i>Code of Alabama 1975, Section 34-27B-3(b)(3)</i></b></p>
<b>Renewals</b>	<p>Licenses expire on November 1 of odd numbered years. Penalty fee of \$50 if not renewed within 90 days of the expiration date.</p> <p><b><i>Code of Alabama 1975, Section 34-27B-8(c)</i></b></p>



<b>Continuing Education</b>	<p>Licensee must complete twenty-four contact hours of continuing education over the two-year licensure period prior to renewal.</p> <p>In the case of an abbreviated license period, continuing education should be prorated to the equivalence of one contact hour for each month of the current licensure.</p> <p><b>Administrative Rule 798-X-8-.01(2)</b>  <b><i>Code of Alabama 1975, Section 34-27B-4(2)</i></b></p>
<b>Employees</b>	No direct employees – administrative and management services are provided under contract with Leadership Alliance, L.L.C.
<b>Legal Counsel</b>	Bettie Carmack, Employee- Attorney General’s Office
<b>Subpoena Power</b>	<p>None other than as provided in the Administrative Procedure Act relative to hearings of disputed cases.</p> <p><b><i>Code of Alabama 1975, Section 41-22-12(c)</i></b></p>
<b>Internet Presence</b>	<p>The board hosts a website at <a href="http://www.asbrc.alabama.gov">www.asbrc.alabama.gov</a>. The website contains the following information:</p> <ul style="list-style-type: none"> <li>• Board staff and contact information</li> <li>• Administrative rules</li> <li>• Enabling Statutes</li> <li>• Board Calendar</li> <li>• Licensee Roster</li> <li>• ASBRT Newslines</li> <li>• Complaint Forms</li> <li>• Disciplinary Actions</li> <li>• Continuing Education Information</li> <li>• Board Members</li> <li>• Minutes</li> <li>• Directions</li> <li>• FAQ’s</li> <li>• Applications</li> <li>• Forms &amp; Brochures</li> <li>• Links to National Board of Respiratory Care (NBRC), to Alabama Society for Respiratory Care (ASRC), and to American Association for Respiratory Care (AARC).</li> </ul>

<b>Attended Board Member Training</b>	3 board members 1 Licensing Agent (Employee of Leadership Alliance) 1 Executive Director
<b><i>Financial</i></b>	
<b>Source of Funds</b>	License Fees and Fines
<b>State Treasury</b>	Yes, Special Revenue Fund 1149
<b>Required Distributions</b>	None
<b>Unused Funds</b>	At the end of the fiscal year ended September 30, 2007 and every three years thereafter, any surplus of funds greater than two years' operating expense, must be distributed to the General Fund.  <i>Code of Alabama 1975</i> , Section 34-27B-6

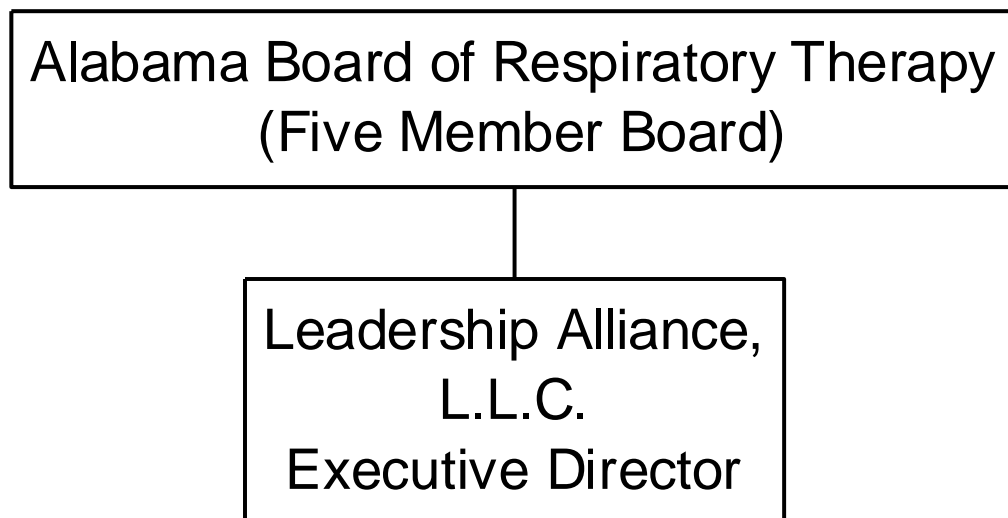
## **SIGNIFICANT ISSUES**

There are no new reportable significant issues.

## **STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES**

All prior findings/significant issues have been resolved.

## **ORGANIZATION**



## **PERSONNEL**

There are no direct employees. The board contracts with Leadership Alliance, L.L.C. to provide administrative, management, and logistical support; including an executive director. Current compensation for these services is \$82,372.44 annually for the contract covering the period Jan. 1, 2011 to Dec. 31, 2011. Leadership Alliance, L.L.C. maintains the board's records and performs the board's administrative functions from its Montgomery office.

### **Legal Counsel**

Bettie Carmack, Assistant Attorney General, provides legal counsel to the board.

## **PERFORMANCE CHARACTERISTICS**

**Number of Licensees per Employee** – The board contracts with Leadership Alliance, L.L.C. to provide administrative management.

**Operating Disbursements per Licensee (FY 2009-10)** – \$40.33

### **Number of Persons per Licensee in Alabama and Surrounding States**

	Population	Number of Licensees	Persons Per Licensee
<b>Alabama</b>	<b>4,779,736</b>	<b>2,648</b>	<b>1,805</b>
Florida	18,801,310	25,755	730
Georgia	9,687,653	4,937	1,962
Mississippi	2,967,297	2,398	1,237
Tennessee	6,346,105	4,474	1,418

*\*2010 US Census*

### **Notification to Licensees of Board Decisions to Amend Administrative Rules**

The board complied with notification procedures prescribed in the state's Administrative Procedure Act, which includes publication of proposed rules in the Administrative Monthly, and public hearings on proposed rules. Proposed and subsequently adopted rule changes are posted on the board's website and included in board newsletters. Licensees are not individually notified of proposed changes.

## **COMPLAINT HANDLING**

The *Code of Alabama 1975*, Section 34-27B-8 and Board Rules 798-X-7-.01 through .11 provide procedures for receipt, documentation and investigation of complaints against licensees and disciplinary actions. The following information was obtained from these sources and from board staff.

### **Complaint Procedures**

<b>Initial Contact/ Documentation</b>	<p>The board requests that all complaints be filed in writing, addressed to the chair of the board, and signed on a form prescribed by the board and placed on the board's Internet website. The complaint may be submitted in person, by fax, or mailed to the board's office. After receipt of a completed complaint form, an investigative file is opened and case number established.</p> <p>Upon receipt, the complainant is notified by mail, verifying receipt of the complaint and explaining the investigative process. Within 30 days of receipt of the complaint, the accused is sent a certified letter that includes notification that a complaint has been filed, the board's procedure for complaints, and a request for a written response.</p>
<b>Anonymous Complaints</b>	The board does not accept anonymous complaints.
<b>Investigative Process</b>	The executive director determines if there is merit or if sufficient evidence exists to warrant further proceedings. If an investigation is warranted, an investigative committee composed of the board's executive director, legal counsel, and one board member performs an initial review of the complaint. Investigative board member duties rotate among the members. The board retains an investigator who works under direction of the executive director to conduct further investigation. At the conclusion of the investigation, the investigator submits a written report to the investigative committee.
<b>Probable Cause Determination</b>	<p>An investigative committee determines if there has been noncompliance with the board's enabling statutes and administrative rules of the board. The committee may:</p> <ol style="list-style-type: none"><li>(1) Dismiss the complaint</li><li>(2) Commence disciplinary proceedings</li><li>(3) Accept voluntary surrender of a license.</li></ol>

<b>Resolution without formal Hearing</b>	Complaints or controversies may be considered and resolved by the investigative committee through alternative dispute resolution, informal conferences, meetings, or other informal means. Informal disposition may be made of any contested case by stipulation, agreed settlement, consent order or default or by another method agreed upon by the parties in writing and as approved by the board.
<b>Formal Hearing</b>	<p>If informal resolution cannot be made, the board will conduct a hearing at which time it may:</p> <ol style="list-style-type: none"> <li>1. Dismiss the charges,</li> <li>2. Impose a fine not to exceed \$500,</li> <li>3. Revoke or suspend the license of the licensee.</li> </ol> <p>The licensee may appeal a decision of the board by submitting a request to the board for consideration. If no resolution is achieved, further appeals will be to the circuit court in the jurisdiction of the residence of the licensee.</p> <p>The board adopts by reference as its rules the <i>Code of Alabama, 1975</i> Sections 41-22-1 et seq. (Alabama Administrative Procedure Act), as amended, governing contested cases, appeals, and related proceedings.</p> <p>The board may utilize the services of a hearing officer selected from a list provided by the Attorney General's Office and appointed (contracted) by the board.</p> <p>The board is represented by its legal counsel.</p> <p>The board member involved in investigating the complaint abstains from asking any questions or voting during the hearing.</p>
<b>Notification of Resolution to the Complainant</b>	The board notifies the complainant of the resolution of the complaint in writing. The resolution is also posted on the board's website and in the board's newsletter.

Schedule of Complaints Resolved FY 2007 through FY 2011						
Year/ Number Received	Year/Number Resolved**					Pending
	2007	2008	2009	2010	2011	
2007/2	1	1	0	0	0	0
2008/ 3		1	1	1	0	0
2009/ 6			1	5	0	0
2010/ 2				0	2	0
2011/0*					0	0
Source: Executive Director						

\*As of March 14, 2011

\*\*Resolved – Final order or settlement agreement in hand.

**Average Time to Resolve Complaints-** 5 Months

## **REGULATION IN CONJUNCTION WITH OTHER ENTITIES**

Medical professionals (Doctors, nurses, EMT's, etc.) licensed by their appropriate licensing entities may also perform respiratory therapy in the course of their professional practice.

## **SMART GOVERNING**

We reviewed the board's SMART performance reports for the 2010 and 2011 fiscal years and make the following comments.

2010 Goals				
GOALS			COMMENTS	
Goal 1 – To provide services online so that 90% of license transactions are processed via the web by 2010.			A goal, by definition, is a long-term, multi-year target. This goal is to be achieved in the current year, which is by definition, an objective rather than a goal. No associated objective is presented.	
2010 Objectives				
OBJECTIVES	UNIT OF MEASURE	TARGET	REPORTED PERFORMANCE	COMMENTS
Process complete applications within 10 business days.	1 Business Day	5	5.4	The objective is appropriate, but there is no associated goal.

2011 Goals				
GOALS			COMMENTS	
Goal 1 – To implement paperless records by 2014.			Goal is appropriate.	
2011 Objectives				
OBJECTIVES	UNIT OF MEASURE	TARGET	REPORTED	COMMENTS
Q1 – Transfer records to paperless.	Paperless Records System	Paperless records system	Year not yet complete	The objective is not constructed so as to measure progress toward achieving the goal. If an entirely paperless records system is not achieved in the current year, there is no means to show what progress has occurred.
Q2 – Maintain current cost per licensee.	Cost per licensee	Maintain cost per licensee	Year not yet complete	There is no baseline cost presented from which to determine if the objective is met. Although cost is the subject, no cost amount is presented in any part of the objective.

## **FINANCIAL INFORMATION**

Board funds are held in the State Treasury in a separate special revenue fund known as the Alabama State Board of Respiratory Therapy Fund (Fund 1149). The primary source of funds is from licensing fees.

After the first three fiscal years from May 17, 2004, and every three years thereafter, if a surplus of funds exists which is greater than two years' operating expense, the funds shall be distributed to the General Fund. (*Code of Alabama 1975*, Section 34-27B-6)

### **Schedule of Fees**

<b><i>FEE TYPE/PURPOSE</i></b>	<b><i>STATUTORY AUTHORITY</i></b>	<b><i>RULE</i></b>	<b><i>AMOUNT AUTHORIZED</i></b>	<b><i>AMOUNT COLLECTED</i></b>
License Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 75.00
Application Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 25.00
Renewal Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 75.00
Late Renewal Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 50.00
Temporary License Application Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 25.00
Temporary License Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 25.00
Re-Instatement Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$150.00
Replacement License Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 25.00
License Verification Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 25.00
Examination Fee	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 100.00
Request of Application Package	34-27B-4(1)	798-X-1 Appendices I	Set by the board	\$ 10.00

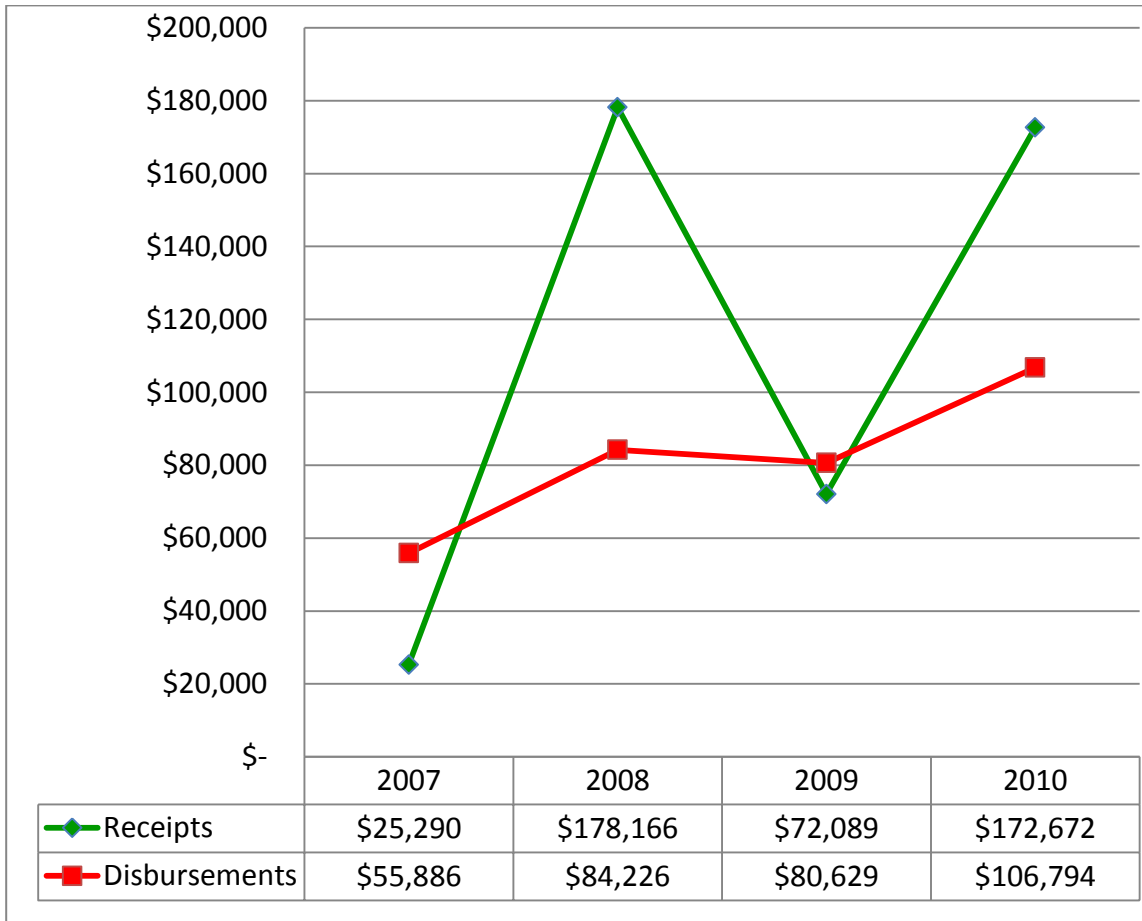


**Schedule of Receipts, Disbursements, and Balances**

October 1, 2006 through October 31, 2010

	<b>2009-10</b>	<b>2008-09</b>	<b>2007-08</b>	<b>2006-07</b>
<b><u>Receipts</u></b>				
License Fees	\$ 172,671.50	\$ 72,089.31	\$ 178,165.69	\$ 25,290.00
<b><u>Disbursements</u></b>				
In-state Travel	3,449.05	2,439.35	5,746.74	2,083.05
Out-of-State Travel	2,955.46	1,783.25	-	-
Rentals and Leases	5.46	-	-	-
Utilities and Communciations	7,441.44	2,020.14	6,371.25	1,824.06
Professional Services	84,905.89	71,428.01	65,052.77	49,414.63
Supplies, Materials, and Operating	8,036.21	2,957.89	7,055.69	2,564.39
Total	106,793.51	80,628.64	84,226.45	55,886.13
Excess (Deficiency) of Receipts over Disbursements	65,877.99	(8,539.33)	93,939.24	(30,596.13)
Cash Balance at Beginning of Year	184,753.04	193,292.37	99,353.13	129,949.26
Cash Balance at End of Year	250,631.03	184,753.04	193,292.37	99,353.13
Reserved for Unpaid Obligations	(20,400.00)	(12,589.77)	(23,110.84)	(19,826.60)
Unreserved Cash Balances at End of Year	\$ 230,231.03	\$ 172,163.27	\$ 170,181.53	\$ 79,526.53

**Operating Receipts vs. Operating Disbursements (Chart)**



## **QUESTIONNAIRES**

### **Board Members**

Surveys were sent to all 5 members of the Board of Respiratory Therapy of which 5 responded. The percentages shown are based on the number who responded to the question.

- 1. What are the most significant issues currently facing the Board of Respiratory Therapy and how is the Board of Respiratory Therapy addressing these issues?**

**Member 1** - Management of respiratory therapists who have a history of drug and/or alcohol abuse is the most significant issue facing the Board. We originally contract with an established program for monitoring and intervention. However, the program proved to be expensive and inefficient. We are currently managing the therapists with a stricter program with direct Board oversight. We feel that this program is providing appropriate monitoring and is more effective in eliminating therapists who are not motivated to correct their problems.

**Member 2** - Substance Abuse. Program in place for help, refer to web site for details.

**Member 3** - Probably the biggest thing we have worked through during the past years would be substance abuse. I think we are on track with our current process, however.

**Member 4** - Not aware of any current significant issues at this time.

**Member 5** – Did not respond.

- 2. What changes to the Board of Respiratory Therapy laws are needed?**

**Member 1** - There are no significant changes that are needed at this time. I think it would be beneficial to reduce or eliminate the time period for temporary licenses. When the law was originally drafted the qualifying exam for a permanent license was only scheduled several times each year. With modern computerized exams, graduates may schedule their exams as soon as they graduate and the exams are available within a convenient driving distance. Certain wordings could be modified to make meanings clearer and more contemporary.

**Member 2** - None that I can see at this point

*Board Member Questionnaire*

**Member 3** – None at this time.

**Member 4** – None.

**Member 5** – Did not respond.

**3. Is the Board of Respiratory Therapy adequately funded?**

<b>Yes</b>	<b>3</b>	<b>60.0%</b>
<b>No</b>	<b>2</b>	<b>40.0%</b>

**Member 1** – Yes

**4. Does the Board of Respiratory Therapy receive regular reports on operations from the chief administrative officer?**

<b>Yes</b>	<b>5</b>	<b>100.0%</b>
<b>No</b>	<b>0</b>	<b>0.0%</b>

**Member 1** – We are handling applications very efficiently. Also, disciplinary problems are processed faster.

**5. Is the Board of Respiratory Therapy adequately staffed?**

<b>Yes</b>	<b>5</b>	<b>100.0%</b>
<b>No</b>	<b>0</b>	<b>0.0%</b>

**6. Has the Board of Respiratory Therapy experienced any significant changes to its operations?**

<b>Yes</b>	<b>0</b>	<b>0.0%</b>
<b>No</b>	<b>5</b>	<b>100.0%</b>

**7. Does the Board of Respiratory Therapy plan any significant changes in its operations?**

<b>No</b>	<b>4</b>	<b>80.0%</b>
<b>Unknown</b>	<b>1</b>	<b>20.0%</b>

**Licensed Respiratory Therapist**

Surveys were sent to 100 licensees of which 20 responded. The percentages shown are based on the number who responded to the question.

- 1. Do you think regulation of your profession by the Board of Respiratory Therapy is necessary to protect public welfare?**

<b>Yes</b>	<b>20</b>	<b>100.0%</b>
No	0	0.0%

**Respondent 1** – Provides a standard of care.

**Respondent 2** – Before any mule headed wonk could be a respiratory Therapist.

- 2. Do you think any of the Board of Respiratory Therapy's laws, rules, and policies are an unnecessary restriction on the practice of your profession?**

Yes	2	10.0%
<b>No</b>	<b>17</b>	<b>85.0%</b>
Unknown	1	5.0%

**Respondent 1** – Not enough info there on home care companies.

**Respondent 3** – Unfamiliar with all of the laws, rules and policies.

**Respondent 4** – We are required to get 12 of the 24 ceus in a class room setting. These classes are often costly because there are so few of them offered in our state. They need to offer more options, or follow the state of FL. rules and allow us to get them on line or in the classroom.

- 3. Do you think any of the Board of Respiratory Therapy's requirements are irrelevant to the competent practice of your profession?**

<b>No</b>	<b>18</b>	<b>90.0%</b>
Unknown	2	10.0%

- 4. Are you adequately informed by the Board of Respiratory Therapy of changes to and interpretations of board positions, policies, rules, and laws?**

<b>Yes</b>	<b>7</b>	<b>35.0%</b>
No	5	25.0%
Unknown	3	15.0%
No opinion	5	25.0%

## *Licensee Questionnaire*

**Respondent 1** – I hear little to no info.

**Respondent 5** – I have usually been told at work employments of changes to rules or policies. Never had to really look for myself, but if one wanted to know one only has to look online at asbrt.alabama.gov

**5. Has the Board of Respiratory Therapy performed your licensing and renewal in a timely manner?**

Yes	19	95.0%
No	1	5.0%

**Respondent 6** –They even helped me get licensed for state of Florida.

**6. Do you consider mandatory continuing education necessary for competent practice?**

Yes	16	80.0%
No	4	20.0%

**Respondent 6** – You better believe it!

**7. Has the Board of Respiratory Therapy approved sufficient providers of continuing education to ensure your reasonable access to necessary continuing education hours?**

Yes	13	65.0%
No	4	20.0%
Unknown	1	5.0%
No opinion	2	10.0%

**Respondent 3** – I'm unsure of boards ceu provisions, supervisor has provided means to acquire ceu's.

**Respondent 4** – It is very difficult to find locations that are offering ceus.

**Respondent 6** – Although I do wish I could find more free sites of ceu's

**Respondent 7** – I believe we should be able to get CE hours for BLS as nurses do.

**Respondent 8** – Need more classes in the Tuscaloosa area.

8. What do you think is the most significant issue(s) currently facing your profession in Alabama and what is the Board of Respiratory Therapy doing to address the issue(s)?

**Respondent 1** – Not much promoting going on that I see.

**Respondent 3** – N/A.

**Respondent 4** – We are under paid compared to nurses.

**Respondent 5** – I think that the Board is doing a good job enforcing the law.

**Respondent 6** – Insurance reimbursement cuts for durable medical equipment and competitive bidding is a joke hurting patient care.

**Respondent 7** – We do not get paid according to the workload that we perform (not enough). I do not know what the Board is doing about this.

**Respondent 8** – Keeping respiratory secure in the future. Hopefully maintaining CEU's will insure the security.

**Respondent 9** – Licensure was desperately needed in Alabama. Now that it is a reality, entry-level for the profession needs to eventually become bachelors-level rather than associates-level. I believe that forming the board and obtaining licensure were the first of many steps in propelling the profession forward.

**Respondent 10** – Recognition of our need in the healthcare setting. I feel like the board is trying.

**Respondent 11** – Continue to provide high quality education in the schools for RTs. I am not sure how the board is involved with this.

**Respondent 12** – In my opinion, vendors have a lot to offer to our profession. It seems that there have lately been a lot of restrictions and regulations that have suppressed the ability for vendors to come in and do in-service's for staff in conjunction to offering ceu's. Vendors can often times be a lifeline for hospitals. With our limited budgets it is often difficult to be able to offer ceu's for our staff. With the wealth of knowledge and resources that vendors can bring in I think that we should be doing everything that we can to figure out a way to reestablish the marriage between vendors and ceu's. New technology is our future and we need to make sure that we stay on top of what the world has to offer to our patients.

*Licensee Questionnaire*

**Respondent 13** – Salaries do not seem to compete with most other states. I don't know if they agree and are doing anything about it if they do agree

**Respondent 14** – The slow take- over of nursing service of our once job responsibility in order to cut salary cost

**Respondent 15** –Employers who allow (and the) individuals who perform respiratory care duties who are not respiratory therapist and have not received education in respiratory care. (Ex. setting up cpap machines and following up care on these patients)

Did Not Respond

6

**9. Do you think the Board of Respiratory Therapy and its staff are satisfactorily performing their duties?**

<b>Yes</b>	<b>10</b>	<b>50.0%</b>
No	1	5.0%
Unknown	5	25.0%
No Opinion	4	20.0%

**10. Has any member of the Board of Respiratory or its staff asked for money (other than normal fees), services, or any other thing of value in return for performing a board service for you?**

<b>No</b>	<b>19</b>	<b>95.0%</b>
Unknown	1	5.0%



**Complainants**

Surveys were sent to 10 complainants of which 3 responded. The percentages shown are based on the number who responded to the question.

**1. How was your complaint filed with the Board of Respiratory Therapy?**

<b>Regular Mail</b>	<b>3</b>	<b>100.0%</b>
---------------------	----------	---------------

**2. Was receipt of your complaint promptly acknowledged?**

<b>Yes</b>	<b>3</b>	<b>100.0%</b>
<b>No</b>	<b>0</b>	<b>0.0%</b>

**Respondent 1** – It was several weeks before I was notified and I called them to make sure they had gotten the mailed complaint.

**3. If your answer to Question 2 was “YES”, how long after you filed your complaint were you contacted by the Board of Respiratory Therapy?**

<b>Within 10 days</b>	<b>2</b>	<b>66.7%</b>
<b>Within 20 days</b>	<b>1</b>	<b>33.3%</b>

**Respondent 1** – Do not remember exact time frame

**4. Was the person who responded to your complaint knowledgeable and courteous?**

<b>Courteous</b>	<b>1</b>	<b>33.3%</b>
<b>Both</b>	<b>2</b>	<b>66.7%</b>

**5. Did the Board of Respiratory Therapy communicate the results of investigating your complaint to you?**

<b>Yes</b>	<b>1</b>	<b>33.3%</b>
<b>No</b>	<b>1</b>	<b>33.3%</b>
<b>Unknown</b>	<b>1</b>	<b>33.3%</b>

**Respondent 1** – Was contacted by investigator for further information, he made an office visit. Later he asked for more documentation on one complaint. I was not advised as to outcome of the complaint but the individual in question is no longer listed on the license site. I believe meeting minutes regarding sensitive material are not posted online.

*Complainant Questionnaire*

- 6. Do you think the Board of Respiratory Therapy did everything it could to resolve your complaint?**

<b>Yes</b>	<b>3</b>	<b>100.0%</b>
No	0	0.0%

- 7. Were you satisfied with your dealings with the Board of Respiratory Therapy?**

<b>Yes</b>	<b>3</b>	<b>100.0%</b>
No	0	0.0%

# **APPENDICES**

## **SMART Performance Reports**

Thursday, November 18, 2010  
EBO Form 10

### **FY 10 SMART Quarterly Performance Report**

Page 2 of 3

#### **Basic Agency**

<b>Agency: 377 - Respiratory Therapy, Alabama State Board of</b>						<b>Program: 653 - PRO AND OCCU LICENSING AND REG</b>					
<b>Organization: -</b>						<b>Activity: -</b>					
<b>Key Goal:</b>											
Goal 1	To provide services online so that 90% of license transactions are processed via the web by 2010.									Governor's Priority:	2
<b>Objectives and Quarterly Targets:</b>											
<b>Performance Measures</b>		<b>First Quarter</b>		<b>Second Quarter</b>		<b>Third Quarter</b>		<b>Fourth Quarter</b>		<b>Annual</b>	
<b>Objectives</b>	<b>Unit of Measure</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
(O1-Efficiency) Process complete applications within ten business days.	1 business day	5	15.7	5	1	5	1	5	1	5	5.4

Thursday, November 18, 2010  
EBO Form 10

### **FY 10 SMART Quarterly Performance Report**

Page 3 of 3

#### **Basic Agency**

How have policy decisions and budget determinations made by the governor and the legislature in the fiscal year 2009-10 affected your agency in meeting its desired accomplishments and services?
No Answer Available
What administrative improvements did your agency make in fiscal year 2009-10 and what potential improvements do you foresee for future years? Include suggested changes in legislation or administrative procedures which would aid your agency in these improvements.
No Answer Available

Tuesday, February 22, 2011  
EBO Form 10

### **FY 11 SMART Quarterly Performance Report**

Page 2 of 2

#### **Basic Agency**

<b>Agency: 377 - Respiratory Therapy, Alabama State Board of</b>						<b>Program: 653 - PRO AND OCCU LICENSING AND REG</b>					
<b>Organization: -</b>						<b>Activity: -</b>					
<b>Key Goal:</b>											
Goal 1	To implement paperless records by 2014.									Governor's Priority:	2
<b>Objectives and Quarterly Targets:</b>											
<b>Performance Measures</b>		<b>First Quarter</b>		<b>Second Quarter</b>		<b>Third Quarter</b>		<b>Fourth Quarter</b>		<b>Annual</b>	
<b>Objectives</b>	<b>Unit of Measure</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual*</b>	<b>Target</b>	<b>Actual*</b>	<b>Target</b>	<b>Actual*</b>	<b>Target</b>	<b>Actual*</b>
(O1-Quality) Transfer records to paperless	Paperless Records System	--	--Get information for paperless records.	--	--	--	--	--	--	Paperless records system	
(O2-Efficiency) Maintain current cost per licensee.	cost per licensee.	--	--Cost is the same.	--	--	--	--	--	--	maintain cost per licensee	

\* Actual performance data is not currently available for this quarter.

## **Statutory Authority**

### **CHAPTER 27B RESPIRATORY THERAPISTS**

#### **§ 34-27B-1. Legislative findings**

*Current through the end of the 2010 Regular Session*

The Legislature finds and declares that the practice of respiratory therapy in Alabama affects the public health, safety, and welfare of the citizens of Alabama. It, therefore, should be subject to regulation and control, in the public interest to protect the citizenry against the unauthorized, unqualified, and improper administration of respiratory therapy and from unprofessional or unethical conduct by persons licensed to practice respiratory therapy.

#### **§ 34-27B-2. Definitions**

*Current through the end of the 2010 Regular Session*

As used in this chapter, the following terms shall have the following meanings:

- (1) Board. The Alabama State Board of Respiratory Therapy.
- (2) Direct clinical supervision. A situation where a licensed respiratory therapist or physician is available for the purpose of communication, consultation, and assistance.
- (3) Healthcare facility. The definition shall be the same as in Section 22-21-260.
- (4) Medically approved protocol. A detailed plan for taking specific diagnostic or treatment actions, or both, authorized by the treating physician of the patient, all of which actions shall be:
  - a. In a hospital or other inpatient health care facility, approved by the supervising physician of the respiratory therapist or in an outpatient treatment setting approved by the supervising physician of the respiratory therapist.
  - b. Except in cases of medical emergency, instituted following an evaluation of the patient by a physician or otherwise directed by the supervising physician of the respiratory therapist.
  - c. Consistent with the definition of the scope of practice of respiratory therapy, as established by this chapter.
- (5) Physician. A person who is a doctor of medicine or a doctor of osteopathy licensed to practice in this state.
- (6) Respiratory therapist. A person licensed by the board to administer respiratory therapy and who has the knowledge and skills necessary to administer respiratory therapy, monitor patient responses, modify respiratory therapy based upon patient response, provide information and education to patients about deficiencies or disorders of the cardiopulmonary system, and supervise others in the delivery of appropriate respiratory therapy procedures.
- (7) Respiratory therapy or care. Therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities of the cardiopulmonary system and associated aspects of other systems' functions, given by a

health care professional under the direction of a physician. The term includes, but is not limited to, the following activities conducted upon written prescription, verbal order, or medically approved protocol:

- a. Direct and indirect pulmonary care services that are safe, aseptic, preventive, or restorative to the patient.
- b. Direct and indirect respiratory therapy services, including, but not limited to, the administration of pharmacologic, diagnostic, and therapeutic agents related to respiratory therapy procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician.
- c. Observation and monitoring of signs and symptoms, general behavior, and general physical response to respiratory therapy treatment and diagnostic testing and determination of whether such signs, symptoms, reactions, behavior, or general responses exhibit abnormal characteristics and implementation, based on observed abnormalities, of appropriate reporting or referral practices or prescribed and medically approved respiratory therapy protocols or appropriate changes in a treatment regimen, pursuant to a prescription by a physician, or the initiation of emergency procedures.
- d. The diagnostic and therapeutic use of any of the following, in accordance with the prescription of a physician:
  1. Administration of medical gases, exclusive of general anesthesia.
  2. Aerosols.
  3. Humidification.
  4. Environmental control systems and hyperbaric therapy.
  5. Pharmacologic agents related to respiratory therapy procedures.
  6. Mechanical or physiological ventilatory support.
  7. Bronchopulmonary hygiene.
  8. Cardiopulmonary resuscitation.
  9. Maintenance of the natural airways.
  10. Insertion without cutting tissues and maintenance of artificial airways.
  11. Diagnostic and testing techniques required for implementation of respiratory therapy protocols.
  12. Collections of specimens of blood and other body fluids including specimens from the respiratory tract.
  13. Collection of inspired and expired gas samples.
  14. Analysis of blood, gases, and respiratory secretions.
  15. Measurements of ventilatory volumes, pressures, and flows.
  16. Pulmonary function testing.
  17. Hemodynamic and other related physiologic measurements of the cardiopulmonary system.
  18. Respiratory telecommunications.
  19. Cardiopulmonary disease management.
  20. Tobacco cessation.
- e. The transcription and implementation of the written and verbal orders of a physician pertaining to the practice of respiratory therapy.
- f. Institution of known and medically approved protocols relating to respiratory therapy in emergency situations in the absence of immediate direction by a physician and institution of specific procedures and diagnostic testing related to respiratory therapy as

ordered by a physician to assist in diagnosis, monitoring, treatment, and medical research.

g. Delivery of respiratory therapy procedures, instruction, and education of patients in the proper methods of self-care and prevention of cardiopulmonary diseases and other conditions requiring the use of respiratory therapy equipment or techniques.

In 2004, the Code Commissioner in paragraph c. of subdivision (7) inserted "and" after "general behavior" for grammatical purposes.

### **§ 34-27B-3. License requirements; examination**

*Current through the end of the 2010 Regular Session*

(a) Except as provided in Section 34-27B-7, no person shall hold himself or herself out to be, or function as, a respiratory therapist in this state unless licensed in accordance with this chapter.

(b) In order to obtain a respiratory therapist license, an applicant shall demonstrate to the board that he or she is a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government, at least 18 years of age, is a high school graduate, or has the equivalent of a high school diploma, and meets one of the following requirements:

(1) Holds credentials as a registered respiratory therapist (RRT) or a certified respiratory therapist (CRT), as granted by the National Board for Respiratory Care or its successor organization.

(2) Holds a temporary license issued under subsection (d) of Section 34-27B-7 and passes the examination leading to the CRT or RRT credential.

(3) Has a valid respiratory therapist license from another state, the District of Columbia, or a territory of the United States, whose requirements for licensure are considered by the board as substantially similar to those of Alabama and who otherwise meets the reciprocity requirements established by the board.

(4) Meets the requirements of subdivision (2) of subsection (d) of Section 34-27B-7.

(5) Has been approved by the board as otherwise qualified by special training and has passed the licensure examination established by the board in subsection (c).

(c) The board shall arrange for the administration of a licensure examination administered by the state or a national agency approved by the board. The examination shall be validated and nationally recognized as testing respiratory care competencies. The board may enter into agreements or contracts, consistent with state law, with outside organizations for the purpose of developing, administering, grading, and reporting the results of licensure examinations. Such organizations shall be capable of meeting the standards of the National Commission for Health Certifying Agencies, or its equivalent or successor organization. The board shall establish criteria for satisfactory performance on the examination.

#### **§ 34-27B-4. State Board of Respiratory Therapy--Functions**

*Current through the end of the 2010 Regular Session*

The board shall perform the following functions:

- (1) Set respiratory therapy licensure fees, including, but not limited to, application, initial, renewal, and reinstatement fees.
- (2) Establish and publish minimum standards of continuing education of respiratory therapy in accordance with those standards developed and accepted by the profession.
- (3) Examine for, approve, deny, revoke, suspend, and renew licensure of duly qualified applicants.
- (4) Promulgate and publish rules in accordance with the Administrative Procedure Act to administer this chapter.
- (5) Conduct hearings on charges calling for the denial, suspension, revocation, or refusal to renew a license.
- (6) Maintain an up-to-date list of every person licensed to practice respiratory therapy pursuant to this chapter. The list shall include the last known place of residence and the state license number of the licensee.
- (7) Maintain an up-to-date list of persons whose licenses have been suspended, revoked, or denied. The list shall include the name, Social Security number, type, date, and cause of action, penalty incurred, and the length of the penalty. The information on the list, except for Social Security numbers, shall be available for public inspection during reasonable business hours and the information may be shared with others as deemed necessary and acceptable by the board.

#### **§ 34-27B-5. State Board of Respiratory Therapy--Created; composition; liability of members; terms; meetings; expense reimbursement and per diem allowance**

*Current through the end of the 2010 Regular Session*

(a) The Alabama State Board of Respiratory Therapy is created to implement and administer this chapter and shall be composed of five members appointed by the Governor. Three of the members shall be respiratory therapists, one member shall be the chief executive officer of a hospital, and one member shall be a physician. The respiratory therapist members of the board appointed by the Governor shall be selected from a list of names submitted by the Alabama Society for Respiratory Care. The list shall include two names for each appointed position to be filled. The respiratory therapist members appointed to the board shall be registered or certified by the National Board for Respiratory Care or its successor organization. Respiratory therapists appointed to the initial board must be eligible to obtain a license under this chapter. Respiratory therapists selected for subsequent appointments must be licensed by the state. The hospital member shall be selected from a list of names submitted by the Alabama Hospital Association. The physician member appointed shall be duly licensed to practice medicine in Alabama and shall be a member of at least one of the following: The American Thoracic Society, the American College of Chest Physicians, the

American Society of Anesthesiologists, or the American Academy of Pediatrics. The physician member of the board appointed by the Governor shall be selected from a list of names submitted by the Medical Association of the State of Alabama. Such lists shall include two names for the position.

(b) All board members shall be residents of Alabama and the composition of the board shall reflect the racial, gender, geographic, urban/rural, and economic diversity of the state.

(c) The Governor shall make the appointments for all positions for members of the board within 90 days of the date the position becomes available, including initial appointments, vacancies, and replacements at the end of the term of service.

(d) Members of the board shall have the same immunities from personal liability as state employees for actions taken in the performance of their official duties.

(e) The term of office of those members first appointed shall be as follows: Two respiratory therapists and the hospital member, as determined by the Governor, shall serve for terms of two years, and one respiratory therapist and the physician member shall serve for terms of four years. Thereafter, the term of all members shall be for four years. No member shall be appointed for more than three consecutive full terms. A vacancy in an unexpired term shall be filled in the manner of the original appointment. The board shall elect a chair and vice chair annually.

(f) The board shall meet at least twice each year at a time and place determined by the chair. A majority of the members of the board shall constitute a quorum for the transaction of business.

(g) Each member shall serve without compensation, but shall be reimbursed for travel expenses incurred in attendance at meetings of the board and any other expenses incurred on business of the board at its discretion. Board members shall also receive a per diem allowance following the guidelines for state employees. The reimbursement for expenses and per diem shall be paid from funds derived from the Alabama State Board of Respiratory Therapy Fund.

Act 2008-137, § 2 provides: "The existence and functioning of the Alabama State Board of Respiratory Therapy, created and functioning pursuant to Sections 34-27B-1 to 34-27B-14, inclusive, Code of Alabama 1975, is continued until October 1, 2012, and those code sections are expressly preserved."

#### **§ 34-27B-6. Trust fund**

##### *Current through the end of the 2010 Regular Session*

There is established a separate special trust fund in the State Treasury to be known as the Alabama State Board of Respiratory Therapy Fund. All funds received by the board shall be deposited into the fund and shall be expended only to implement and administer this chapter. No monies shall be withdrawn or expended from the fund for any purpose unless the monies have been appropriated by the Legislature and allocated pursuant to this chapter. Any monies appropriated shall be budgeted and allocated pursuant to the Budget Management Act in accordance with Article 4, commencing with Section 41-4-80, of Chapter 4 of Title 41, and only in the amounts provided by the Legislature in the general appropriations act or other appropriations act. Funds shall be disbursed only



upon a warrant of the state Comptroller upon itemized vouchers approved by the chair. After the first three full fiscal years from May 17, 2004, and every three years thereafter, if a surplus of funds exists which is greater than two years' operating expense, the funds shall be distributed to the General Fund.

**§ 34-27B-7. Issuance, use, renewal of license; temporary license**

*Current through the end of the 2010 Regular Session*

(a) The board shall issue a respiratory therapist license to any person who meets the qualifications required by this chapter and who pays the license fee established herein.

(b) Any person who is issued a license as a respiratory therapist under this chapter may use the words "licensed respiratory therapist" or the letters "LRT" in connection with his or her name to denote his or her license.

(c) A license issued under this chapter shall be subject to biennial renewal.

(d)(1) The board may issue a six-month temporary license as a respiratory therapist to persons who have graduated from a respiratory therapy educational program accredited by the Council on Allied Health Education Programs (CAHEP) in collaboration with the Committee on Accreditation for Respiratory Care (CoARC), or their successor organizations, and who have applied for and are awaiting competency examination. The temporary license shall be renewable only once for an additional six-month period if the applicant fails the examination. Exceptions may be made at the discretion of the board based upon an appeal identifying extenuating circumstances. The holder of a temporary license may only provide respiratory therapy or care activities, services, and procedures as defined in Section 34-27B-2 under the direct clinical supervision of a licensed respiratory therapist or physician.

(2) The board shall grant a license as a respiratory therapist to other persons who do not meet the qualifications for licensure pursuant to Section 34-27B-3, but who, on the effective date of the adoption of the rules and regulations of the board, are currently employed in the administration of respiratory therapy under the direction of a physician in the State of Alabama. The opportunity to apply for a respiratory therapy license issued under this subdivision shall expire 365 days after implementation of the rules of the board. Holders of these licenses shall be eligible to renew their licenses as are any other licensed respiratory therapists under this chapter.

**§ 34-27B-8. Disciplinary actions for unprofessional conduct; hearings; expiration of suspended license**

*Current through the end of the 2010 Regular Session*

(a) The board may refuse to renew a license, may suspend or revoke a license, may impose probationary conditions, or may impose an administrative fine not to exceed five hundred dollars (\$500) per violation, as disciplinary actions if a licensee or applicant for licensure has been found guilty of unprofessional conduct that has endangered, or is likely to endanger, the health, welfare, or safety of the public. Unprofessional conduct includes, but is not limited to, the following:

- (1) Obtaining a license by means of fraud, misrepresentation, or concealment of material facts.
- (2) Being found guilty of unprofessional conduct as defined by the rules established by the board, or violating the code of ethics adopted and published by the American Association for Respiratory Care or its successor organization.
- (3) Conviction of a crime, other than a minor offense, in any court if the offense has a direct bearing on whether the person should be entrusted to serve the public in the capacity of a respiratory therapist.
- (b) The board, after a hearing, may exercise the disciplinary actions authorized in subsection (a). The board shall adopt policies for the conduct of the hearings. One year after the date of the revocation of a license, application may be made to the board for reinstatement. The board shall hold a hearing to consider any application for reinstatement.
- (c) The board may establish rules regarding the disciplinary actions authorized in subsection (a) in accordance with the Administrative Procedure Act.
- (d) A suspended license is subject to expiration during the suspension period.

#### **§ 34-27B-9. Representation as "respiratory therapist," etc**

*Current through the end of the 2010 Regular Session*

- (a) A person who does not hold a license or a temporary license as a respiratory therapist or whose license or temporary license has been suspended or revoked may not do any of the following:
  - (1) Use in connection with the person's practice the words "respiratory care professional," "respiratory therapist," "respiratory care practitioner," "certified respiratory care practitioner," "licensed respiratory therapist," "inhalation therapist," or "respiratory therapy technician"; or use the letters "R.C.P." or "L.R.T."; or use any other words, letters, abbreviations, or insignia indicating or implying that the person is a respiratory therapist.
  - (2) Directly or by implication represent in any way that the person is a respiratory therapist.
- (b) A person who holds a license or a temporary license to practice respiratory therapy under this chapter may use the title "respiratory therapist" and the abbreviation "L.R.T."

#### **§ 34-27B-10. Violations**

*Current through the end of the 2010 Regular Session*

Any person who violates this chapter, upon conviction, shall be guilty of a Class B misdemeanor.

### **§ 34-27B-11. Additional activities permitted under chapter**

*Current through the end of the 2010 Regular Session*

Nothing in this chapter shall be construed as preventing or restricting the practice, services, or activities of any of the following:

- (1) Any person who is licensed in Alabama or certified by an organization accredited by the National Commission for Certifying Agencies and acceptable to the state from engaging in the profession or occupation for which the person is licensed or certified.
- (2) Any person employed by the United States government who provides respiratory therapy solely under the direction or control of the United States government agency or organization.
- (3) Any person receiving clinical training while pursuing a course of study leading to registry or certification in a respiratory therapy educational program accredited by the Council on Allied Health Education Programs in collaboration with the Committee on Accreditation for Respiratory Care or their successor organizations. This person will be under direct supervision and be designated by a title clearly indicating his or her status as a student or trainee.
- (4) Any emergency medical technician licensed by the Alabama State Board of Health who is providing care to a patient at the scene of an emergency, or during transport of the patient in a licensed ground ambulance, provided that such care may not exceed the scope of care permissible under the rules of the Alabama State Board of Health.
- (5) The delivery of respiratory therapy of sick or disabled persons by family members or domestic servants or the care of non-institutionalized persons by a surrogate family member as long as the persons do not represent themselves as, or hold themselves out to be, respiratory therapists.
- (6) Any individual who has demonstrated competency in one or more areas covered by this chapter as long as the individual performs only those functions that he or she is qualified by examination to perform. The standards of the National Commission for Certifying Agencies, or its equivalent, shall serve as a standard with which to evaluate those examinations and examining organizations.
- (7) Any person performing respiratory services or care not licensed as a respiratory therapist in accordance with this chapter who is employed in a diagnostic laboratory, physician's office, clinic, or outpatient treatment facility and whose function is to administer treatment or perform diagnostic procedures confined to that laboratory, office, clinic, or outpatient facility under the direction of a licensed physician.
- (8) Any respiratory therapy student who performs limited respiratory therapy procedures as an employee of any health care provider organization while enrolled in a respiratory therapy educational program accredited by the Council on Allied Health Education Programs in collaboration with the Committee on Accreditation for Respiratory Care or their successor organizations. The employee shall be designated by title as a student or trainee and shall work under direct supervision.
- (9) Any individual employed by a durable medical equipment or home medical equipment company who delivers, sets up, or maintains respiratory equipment, but not including assessment or evaluation of the patient.

- (10) Any individual employed as a polysomnographic technologist working in a sleep center or diagnostic sleep clinic.
- (11) Any licensed respiratory therapist performing advances in the art and techniques of respiratory therapy learned through special training acceptable to the board.

**§ 34-27B-12. Notice provided to respiratory therapists**

*Current through the end of the 2010 Regular Session*

(a) The board shall provide notification to all respiratory therapists employed as such or practicing respiratory therapy in Alabama on May 17, 2004. The notification shall summarize the requirements of this chapter and provide information on procedures for obtaining a license. Publication of the notification shall be accompanied by complying with all of the following requirements:

- (1) A letter containing the notice shall be directed to all persons registered or certified by the National Board for Respiratory Care who reside in the State of Alabama, based on the most current mailing list of the National Board for Respiratory Care.
- (2) Notice shall be published in all major state trade or professional journals relating to respiratory therapy for not less than three consecutive months.
- (3) Notice shall be published in all daily newspapers in this state at least once per month for three consecutive months.

(b) The board shall cause the notices required by this section to commence within 30 days from the effective date of adoption of rules and regulations by the board.

**§ 34-27B-13. Rules and regulations**

*Current through the end of the 2010 Regular Session*

The board shall promulgate rules necessary to implement and administer the provisions of this chapter. Rules shall be issued pursuant to the Administrative Procedure Act.

**§ 34-27B-14. Sunset provision**

*Current through the end of the 2010 Regular Session*

The board shall be subject to the Alabama Sunset Law, as provided in Chapter 20, Title 41, as an enumerated agency as provided in Section 41-20-3, and shall have a termination date of October 1, 2008, and every four years thereafter, unless continued pursuant to the Alabama Sunset Law.

## **Board Members**



### **ALABAMA STATE BOARD OF RESPIRATORY THERAPY**

P.O. Box 241386, Montgomery, AL 36124-1386

Phone: 334-396-2332 Fax: 334-396-2384

Web Site: [www.asbrt.alabama.gov](http://www.asbrt.alabama.gov)

February 14, 2011

Ms. Julie Garner, Accounts Examiner  
Department of Examiners of Public Accounts  
P.O. Box 302251  
Montgomery, Alabama 36130

Dear Ms. Garner:

This letter serves to provide the requested board member information for the Audit:

Fred Hill, Chair  
Daphne, AL 36526  
Term: 12/05/08 to 08/05/12  
Position: Respiratory Therapist

Linda Moore  
Kinsey, AL 36303  
Term: 09/30/10 to 08/05/14  
Position: Respiratory Therapist

Dr. William P. Saliski, Jr.  
Montgomery AL, 36111  
Term: 12/05/08 to 08/05/12  
Position: Physician

Vernon Johnson, Member  
Ozark, AL 36360  
Term: 09/13/10 to 08/05/14  
Position: Hospital CEO

Ron Stansell, Member  
Cullman, AL 35057  
Term: 09/13/10 to 08/05/14  
Position: Respiratory Therapist

Please notify me if any additional information is required. Thank you.

Sincerely,

  
Paula McCaleb  
Executive Director